

LINDA LINGLE
GOVERNOR

JAMES R. AIONA, JR.
LT. GOVERNOR

MARK E. RECKTENWALD
DIRECTOR



STATE OF HAWAII
DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS
DIVISION OF FINANCIAL INSTITUTIONS
335 MERCHANT STREET
P.O. BOX 2054
HONOLULU, HAWAII 96805

D. B. GRIFFIN III
COMMISSIONER

LYNNE H. HIMEDA
DEPUTY COMMISSIONER

PHONE: (808) 586-2820
FAX: (808) 586-2818
E-MAIL: dfi@dcca.hawaii.gov

Dear Consumer:

Please complete and return the attached complaint form to the Division of Financial Institutions (DFI) of the Department of Commerce and Consumer Affairs. Your providing us with the most complete information will enable us to process your complaint more efficiently. Remember to:

- Describe in full the incident or transactions with the institution.
- Include copies (not originals) of any documents relevant to your complaint.
- Provide dates and names of people at the institution with whom you have dealt.
- Sign and date your complaint.

To avoid confusion or frustration regarding what DFI can do, you should understand that our authority is limited to the provisions in Hawaii Revised Statutes, Chapter 412 (Code of Financial Institutions) and Chapter 449 (Escrow Depositories). In some cases, DFI does not regulate the institution that may be named in a complaint. In such cases, we will refer the complaint to the appropriate federal or state regulators, whenever possible. In other cases, DFI may not have the authority to order the remedy or resolution that you are seeking, in which case you may want to consult an attorney.

WHAT DFI WILL DO WITH YOUR COMPLAINT: DFI will submit your complaint to the institution, requesting a response back to you within two to three weeks, along with a copy to DFI. Once we receive the institution's response, we will review it to determine if any violations of Chapter 412 or Chapter 449 have occurred. To the extent allowed by either statute, DFI will assist you in resolving your complaint.

Please understand that filing a complaint does not mean that the matter can or will be resolved through the enforcement authority of the DFI. DFI is not empowered to litigate or to provide for monetary relief on behalf of individual complainants. Therefore, in some instances you may need to hire an attorney to determine what legal rights you may have against an institution.

DIVISION OF FINANCIAL INSTITUTIONS

THIS MATERIAL CAN BE MADE AVAILABLE FOR INDIVIDUALS WITH SPECIAL NEEDS IN BRAILLE, LARGE PRINT OR AUDIO TAPE. PLEASE SUBMIT YOUR REQUEST TO THE COMMISSIONER OF FINANCIAL INSTITUTIONS AT (808) 586-2820.

File No. _____

COMPLAINT FORM

Please type or print clearly in black ink.

Ms. []

Mrs. []

Mr. [] _____
Your name (Complainant)

Street Address

Mailing Address

| City | State | Zip Code |
|------|-------|----------|
|------|-------|----------|

Residence Telephone _____ Business Telephone _____

Name of financial institution complaint is against (Respondent)

Branch _____

Address

| City | State | Zip Code |
|------|-------|----------|
|------|-------|----------|

Business Telephone

COMPLAINT. Please type or print clearly in black ink your specific allegations (complaint) against the financial institution. Include copies of all pertinent documents (contracts, letters, receipts, statements); and the names, addresses, and telephone numbers of any persons you have dealt with who are important to your complaint. If you need additional space, continue on a separate sheet of paper and attach to this form. **Important! Read and keep the attached instructional letter.**

[illegible]

DFI Form CC (Rev. 04-04)

(Continued)

An acceptable resolution to my complaint is (I understand that what I want as a resolution may not be within the jurisdiction of the Division of Financial Institutions):

I hereby certify that all statements in this complaint are true and correct to the best of my knowledge.

Date _____

DFI Form CC (Rev. 04-04)